STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3) 3 (-1
County Darcerter	Registration Dist. No. 357
Village or City Sow Well ma	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Baine	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female Colored OR DIVORCED (write the word)	3 /6 193/
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Proz 18 1931	19 , to , 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
O O I day, O hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature Birth
9. Industry or business in which	no Apolo
work was done, as SILK MILL, SAW MILL, BANK, etc	TW NO ECC 2 PCC Q
10. Dato deceased last worked at this occupation (month and spent in this	Tendance, Preme-
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) See Bell May (State or country)	allere oure - Hay
13. NAME Vine a Jahranan	midweft /
13. NAME Vingal Jahman 14. BIRTHPLACE (city or town) Snow Kill, ma,	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Ruth Baying	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
[16, BIRTHPLACE (city or town) Cupe Charles Charles Charles	Accident, suicide, or homicide?Date of injury,19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jelana Will mell (Address) Snaw Hill med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place grant free met 17 1931	Neture of injury
19. UNDERTAKER Vergal Johnson	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Syaw Risk Mg	(Signed) LECON Smith Log
20 FILED 19.3/ LECoy Plus	(Address) Sucher Hill, and T

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TANK WALL TO A TANK	01 2102	TOTO	T CIVILIII	MINITED TO THE PARTY OF THE PAR	10 1	T TI I DICITIA

supplied. ACE should be stated EXACTLY, PHYSI-in terms so that it may be properly classified Exact See instructions on back of certificate. CORD BINDIN FOR Every Item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms sestatement of OCCUPATION is very important. See instru TH UNFADING INK--THIS MARGIN RESERVED

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PLACE OF DEATH

03714

STATE OF MARYLAND CEPTIFICATE OF DEATH

County 10 Krusuu	CERTIFICATE OF BEATT
Village or City Showelf No	Registration Dist, No. 3.5.5
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 200 35, 1923
6 DATE OF BIRTH MAN. 28, 1.93/ (Month) (Day) (Year)	that I last saw becalive on
7 AGE If LESS than day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
e OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos d Where was disease contracted, if not at place of death?
(Informant) Raymond Baker (Address) Shawell Filed 3-29" 1981 Helen & Hayword Registrat	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 PLACE OF BURI

If more blanks are needed, address State Registray, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

work, fulness of various pursuits ean be known. whatever, write Nanc. tired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, ar At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coul mine, etc. Wom-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospina fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homieide; Poisoned by "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved by Committee on (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fraeture of skull, and eonscquences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles; not be " elc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the collaboration of the certificate is permanently filed.

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	Mary	100	-	

	OF DEATH		03715	STATE OF	MARYLAND
County 2	Vocesler		210-000	CERTIFICATE	OF DEATH
	2		(210)	Registration I	Dist. No. 352
Village or Cit	, Berlin (N	lo		St.: Ward)	(If death occurred in a hospital or institu-
2FL	ILL NAME Johnnie	Paul 1.	3 alber.	,	tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATISTICAL PA	ARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
male	4 COLOR OR RACE 5 SINGL MARR WIDD OR DI (Write	HED.	16 DATE OF DEATH	3 (Month)	7, 19 3 /(Day) (Year)
DATE OF BI			17 I HEREBY	CERTIFY, That I atte	ended the deceased from
	(Month)	(Day), 1.927			, 192,
7 AGE	3 yrs. 4 mos.	/ 3 ds. or min.?	The CAUSE OF DEAT	TH * was as follows:	above, atm.
(a) Trade, poparticular kin			somin by war	my four pure	resident
business, or	nature of industry establishment in yed or (employer)	XXXX		(Duration)	yrsds.
State or co		- 0	Contributory Secondary	(Duration)	via mos ds.
10 NAME (FATHER	Elizah W. B	aker	(Signed) FW	Address) Be	one A M. D.
OF FATE	TER Dele	ware		risease Causing Death, tate (1) Means of Inj or Homicidal.	or, in deaths from ury and (2) Whether
OF MOT		ells.	ients or Recent Re	esidents)	als, Institutions, Trans-
OF MOT (State o	HER Country) Delaws	are	At place of deathyrs		yrsds.
4 THE ABOVE	IS TRUE TO THE BEST OF MY	KNOWLEDGE	if not at place of dear	th?	
(Informan	Elyah W. 13	aker	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Add	ress) lærliu	8 na	Evergeen	Cemelery	Marc 9, 1926
Filed 3	/9th 181 JUM	Registrar Registrar	20 UNDERTAKER	urbage.	Belleville
	If more bianks are needed,	address State Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; i tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serund, Caph ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, 6 yrs). to know For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal minc, etc. Wom-(8) Grocery,

spinal meningitis"); Diphtheria avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the by Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> On (Recommendations on statement of cause of ledanus) may be stated under the head of "contributory." approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL perilonitis," etc. stited unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular Always qualify all "Haemorrhage, heart not be disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and al qu stions

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ul l	County Warristas	CERTIFICATE OF
ed.	10	Registration Dist. No
9.1	Village or City Shadel (No.	SA. NACALLY (If de
te se	A A	St.: Ward) a hosp
y c fica	2FULL NAME Astill / 3	aru (Lillir Bokermb
operiy cias	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
5 5 d	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
ok o	WIDOWED, OR DIVORCED	Thou ef
bay	Thurse (Write the word)	(Month) (Day)
0 4	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the
ati	(Month) (Day) (Year)	that I last saw h alive on
ti di	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, a
s so that	1 dayhrs.	The CAUSE OF DEATH * was as follows:
23	yrsmosds. ormin,?	
ter ter	(a) Trade, profession or	DA O
ain S	particular kind of work	All Barlin
o tu	business, or establishment in	(Duration) yrs.
0 - 1	which employed or (employer)	Contributory
EATH in importar	9 BIRTHPLACE (State or country)	Secondary
Z E	10 NAME OF	(Duration) (Drs.)
OF DI	FATHER Quemtud Baker	(Signed) B
n Lut	OF FATHER	\$State the Disease Causing Death, or, in
CAUS	Z (State or country) Ma,	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
AC	OF MOTHER A SALE ME AS A CASA	18 LENGTH OF RESIDENCE (For Hospitals, Ins
CUP	13 BIRTHPLACE	ients or Recent Residents) At place In the
"O"	OF MOTHER (State or Country)	of deathyrsds. Stateyrs
ofo	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho ent o	n. 12 12 1	Former or usual residence
nei s	(Informant) Cay Mond / Harrel	19 PLACE OF BURIAL OR REMOVAL DAT
CIANS	(Address) Alawell	Energsien Mus
\$ C 1	15 - Blog in Alolan F. Harring	20 UNDERTOKER ADDR
i	Filed 201 1981 Aftern V. Ordaturutta	J.W. Burbage Ber
Ė	If more branks are needed, address State Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

03716	STATE	OF M	ARY	LAND
()() (CERTIFI	CATE	OF	DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw halive on 192 and that death occurred on the date stated above, at 192 that I last saw halive on 192 that I last saw	,	St.: Ward) a (If death occurred in a hospital or institu- tion, vive its NAME in- stead of street and or of street and
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to, 192 that I last saw h alive on, 192 and that death occurred on the date stated above, at, 192 The CAUSE OF DEATH * was as follows: (Duration) yrs, 193		
(Month) (Day) (Year)		16 DATE OF DEATH 200 29-, 1931
that I last saw h alive on , 192 and that death occurred on the date stated above, at	1	(Month) (Day) (Year)
The CAUSE OF DEATH * was as follows: (Duration) (Contributory Secondary (Duration) (Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	1	
(Duration) (Contributory Secondary (Duration) (Signed) (Signed	-	that I last saw halive on, 192,
Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUNDY, 19 &	1	
Contributory Secondary (Duration) (Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death wrs	7	Shell Barlin
(Signed)		Contributory
*State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For lents or Recent Residents) At place of death wrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AMAN 299, 19 &	-	(Signed) (Duration) (Vrs) (M. D.
ients or Recent Residents) At place of death		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of deathyrs	_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MUN 199, 198		
Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MUN 29, 193		Where was disease contracted,
Evergreen Mus 29, 193		Former or
		022 201 21
11/11/13 18 for 13. 11. m.		July July

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Urs. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrotespinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

". E:haustion," diseases resulting from childbirth or miscarriage as "PUERPERAL septicocomia," "PUERPERAL pertionities," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," (secondar, Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. "Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid cough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be 'Congenital,' "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every MARGIN RESERVED FOR BINDING

-WRITE PLAINLY

state PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE O	F DEAT	ГН			0371	17		
	County	Worce	ster		(9))	Registration	Dist. No. 35.2)
	Village or C	city New	ark			No		St.,	Ward
	Length of res	idence in cit	ty or town where d	leath occurred		f death occurred in a hospital or institutionds. How long in U.S. if o		instead of street an	number)
	. FULL NA			e Bridell					
-	(a) Resider			e birderi		St., Ward.			
	(a) Resider	ice: No		(Usual place	of abode)	St.,walu.	If nonresident	give city or town a	nd State
				CAL PARTI			ERTIFICATE	OF DEATH	
3.	SEX F		R OR RACE Black	5. SINGLE, MARI OR DIVORCES Singl	RIED, WIDOWED, O (write tha word) .e	21. DATE OF DEATH	March (Month)	15 (Day)	Ward d number) mosds. and State
5a.	If married, widow	ved, or divo	rced						
	(or) WIFE of					22. IHEREB			
	DATE OF BIRTH	(month day	and year)		3.050	I last saw h alive on			
	AGE Yes		Months	anuary 1,	1930 tf LESS than	to have occurred on the date state			
		1	2	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and ratated cause	es of Importance	15111
OCCUPATION	9, Industry or work wa	work done, , BOOKKEE business in s dona, as S	as SPtNNER, PER, atc which	one		Whooping C	ough		D216 01001861
220	10. Data decaas this occu		ked at nth and		me (years) nt In this pation				
12.	BIRTHPLACE (ci		Newar	k, Md.		Other Contributory Causes of impo	Ortance:		
ER	13, NAME	Rog	ger Brid	ell					
FATHER	14. BtRTHPLACE	E (city or to	wn)Newar	k Md		Name of operation		Date of	
_		r country)				What test confirmed diagnosis?		Was there a	autopsy?
HER	15. MAIDEN NA	ME H	ttie Pur	nell		23. If death was due to external car	uses (VIOLENCE) fit	tl In also the follow	ng:
MOTHER		E (city or to r country)	wn)Newa	rk, d.		Accident, suicide, or homicide? Where did Injury occur?			
17. INFORMANTRoger Bridell (Address) Newark, Md. 18. BURIAL, CREMATION, OR REMOVAL			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			PLACE.			
18.	BURIAL, CREMA	tion, or r warky-	Md	DateMaj	r. 16 , 19 31	Manner of injury			
19.	UNDERTAKER (Address)	Chas	s. A. Pur Snow H	mell Mill, Md.		24. Was disease or injury in any w			
20.	FILED Mar	. 16	31 I.	V. Mumfor	rd Registrar.	(Signed) (Address)	Herlind	fund De	facely Rag

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 4/4/31 BUREAU V.S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
upposed to have died of	Throp	ing cough no Physici	rame
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0	
	1		

11/4			
City	Si-	1PLACE OF DEATH	63718 STATE OF MARYLAND
0	EX	County wor custin	CERTIFICATE OF DEATH
(C)	90.		Registration Dist. No. 353
ORD	XACTLY, classified	Village or City Bushops (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
O.H	r.y o	2FULL NAME dayd / Dunlin	number.)
7	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	be prock of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED	16 DATE OF DEATH 193/
MA	uid bay ba	male Writs the word)	(Month) (Day) (Year) (Year) 17 1 HEREBY CERTHY. That I attended the deceased from
BIN	shout it m	Dec. 21, 1930	3-1-192 10 3-1-193
A A	ACE tha tion	(Month) (Day) (Year)	that I last saw h Amalive on 1922,
ED FC	led. ns so nstruc	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
> -	ippli term	8 OCCUPATION	
ER -	in t	(a) Trade, profession or particular kind of work	**************************************
ESE	ully pla nt.	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
N S	In	which employed or (employer)	Contributory
RGIN	ATH Impo	9 BIRTHPLACE (State or country)	Secondary
NF/	- W	Maryland	(Duration)mosds,
MA	ould CF D	FATHER Loyd Bunking	(Signed) Defferrible
WITH	AUSE C	of FATHER (State or country) Marylond	*State the I is ase Causing Death, or in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
, X,	TOP	of Mother mangaritt Davage	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OZ	state CCU2	13 BIRTHPLACE OF MOTHER (State or country) Mary Land.	At place In the of deathyrsmosds.
(2)	of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
田田	# P B	1 1 0 -	Former or usual residence
WRI	NS sl	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	CIAN	(Address) /3 www from Ma.	Bishopville and mar. 6. 13/
Z	B	Filed 3-6 1931 PRISE	m Hasha Watson Selbyville
(T)	ż	If more blanks are needed, address tate Kegistran	, 16 W. Saratoga St., Balto., Lequesting V. S. ivo. 1.
The same of the sa	5		· NIX.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William Laborer Laborerbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs . without more precise specification as Day For persons who have no occupation single word or term on -Coal minc, etc. Wom-

spinal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Str tement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pncumonia") fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Iterativer wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Come," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resalting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valoular heart disease; Example: Measles (disease etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING ITH UNFADING INK-THIS IS A PERMA MARGIN RESERVED FOR WRITE PL S. No. 1

Village or City (No.	St.: Ward) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Log	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 7 , 1927/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
(Month) (Day) (Year)	that I last saw handlive on 3 7, 1923.,
TAGE Which 3 3 yrs. mos. ds. or min.?	
a) Trade, profession or July Safety	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs
10 NAME OF ROOM COLOR	(Signed) M. D. 3 - 7 1927 (Address) A. D. B.
OF FATHER (State or country) 12 MAIDEN NAME 0	*State the lissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Grah	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informand by d/W Morson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Fremmer II 4	20 UNDERTAKER ADDRESS
Filed 3 8 1923/ Registras	Thomas Cotter aromer VI
If more banks are needed, address Ltate Registrat	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But iu many tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enlaborer, Housemaid, etc. orer, Farm laborer, Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer-Architect, -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(b) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); approved by letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstilial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic The nature of the injury, etc. affection need not be valvular heart Nomenclature The contributory Measles; disease;

If this certificate is looked over thoroughly and a'l qu stions answered, in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT A mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13790
1. PLACE OF DEATH	82-4
County Worcester	Registration Dist. No. 38/
Village or City nea S naw fill ma	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Emma Janes Cur	lina
(a) Residence: No. Seas S Snaw Hell mg (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March / skips/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of George B. Carley	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,19 ,19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h alive on, 19; death is said to have occurred on the date stated above, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	No socior un allendance Date of onset She had a stroke of par- alysis 4 years ago again 4 weaks ago, and again ton 3/27/3/and gradudly John works of proportance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama af operation Date of Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. F. 72 STANKILL S	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PLACE HULLO Clared Date More 3, 19.3.1.	Manner of injury
19. UNDERTAKER Chao a Purnell (Address) 3 van Hell va. 20. FILED 3f 2, 193/ F. Elay Serieth	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) RELOGY Bessell Reg., M.D.
Registrar.	(Address) A Live Property (A) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of conset 1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
	1 week ago
Peritonitis	3 days ago
	- augo ugo
Other contributory causes of importance:	
	1 year
240	Other contributory causes of importance: Gastroenteritis

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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FOR BINDING

MARGIN RESERVED

· County Works	ter			Registratio	n Dist. No. 3 3	-2
Village or City Near	11 1.	d	No.		_St	War
		1	death occurred in a hospital o			
Length of residence in city or to	n where death occurred	yrs. 3 mos.	ds. How long in U	.5.11 of foreign birth!	yrs	.mosds
2. FULL NAME	aure (Carl	un			
(a) Residence: No.	(Usual place of al	h /	St., Ward.	If nonreside	nt give city or town	and State
PERSONAL AND ST	ATISTICAL PARTICU	-	MEDICA	AL CERTIFICAT		
3. SEX 4. COLOR OR F	S. SINGLE, MARRIEL OR DIVORCED (2)	write the word)	21. DATE OF DEA	mai	21	, 193
a. If married, widowed, or divorced	1 1			(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of Wife of	Robert Co	arlin	mar. /	EBY CERTI	That I attend	lod deceased from
. DATE OF BIRTH (month, day, and ye	ar)			on mar		: death is sai
AGE Years N	onths Days	If LESS than I day,hrs.	to have occurred on the da			
ibout 45 years		ormin.	The PRINCIPAL CAUSE O were as follows:	F DEATH and related ca	uses of importanco	Date of onse
8. Trade, profession, or particular kind of work done, as SPIF SAWYER, BOOKKEEPER, etc	NER, at bo	me	Leift	theira		
9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	.L,					
10. Date deceased last worked at this occupation month and year)	11. Total time spent in occupati	this 4 200				
2. BfRTHPLACE (city or town).	ea Snawll	FOD: Ind	Other Contributory Causes	of Importance:		
(State or country)		(Hart	Exhau	stion	
13. NAME //m. C	aton					
13. NAME //	neon Svan /	ill Ind	Name of operation	non	Cultury Date o	fan autopsy?
15. MAIDEN NAME Car	like Conta	ty	23. If death was due to exten			
15. MAIDEN NAME Cara 16. BIRTHPLACE (city or town)	near Snaw	Rill my	Accident, suicide, or homic	ide? not	Date of injury	, 19
(State or country)	500:	1	Where did injury occur?	(Specify eity	or lown, county and	State
7. INFORMANT Kohe (Address)	d Carlein	3	Specify whether injury occ	urred in INDUSTRY, In	HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION OR REMOVA	spelcem.	4.1. 2.	Manner of injury			
Place near Sna	VIII Date Vivor	224, 1931	Nature of injury			
9. UNDERTAKER Chas (Address) Sacrat	Go Purnell	2	24. Was disease or injury in	any way related to occ	upation of deceased?	
Charles as	PAT CO	1.1	(Signed)	a 240000	end	M
FILED Y MOVA/19 31	July June	Registrar,	(Address)	Boalas	med	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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RE Example IED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1-week ago
Chronic interstilial nephritism ATT V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	IER STATEMENTS BY PHYSICIAN
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1000

SI- act	PLACE OF DEATH_	STATE OF MARYLAND
FÄ	County Worce ates	(31) CERTIFICATE OF DEATH
700 000	Oreas .	Registration Dist. No. 35/
ated EXACTE.	Village or City from 1+ll (No. 2FULL NAME Taltelon Q le	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED (Write the word)	16 DATE OF DEATH / 3 , 198 / (Month) (Day) (Year)
E ehou at it m ns on	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921 to 1921 that I last saw h / M alive on 192
ms so the	7 AGE 16 LESS than I day hrs. or min.?	and that death occurred on the date stated above, at A Pm. The CAUSE OF DEATH * was as follows:
lly suppliain ter	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Heart Glatten of the
In plus	business, or establishment in which employed or (employer)	(Duration) Syrs Inos med
be ca EATH impo	State or country) Manhand	Secondary Distinct - Monday
should FOF DI is very	10 NAME OF FATHER Albury Coloming	(Signol) + Malache M. D. (Addres Inw Will M. D.
causi CAUSI ATION	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E OU	of MOTHER Margaret Pope	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Inford	OF MOTHER (State or Country) Manyland	At place In the State yrs
houl nt of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Every item CIANS sho statement	(Informant) Mo. Z. Meters Chiny (Address) Snow Itill B. B.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
BEv CI St	Filed 3/14 1923/ REPOY Server	20 UNDERTAKER SUOVOHILLA
ż	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager, Civil engineer, worked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The materia who are engaged in the duties of the Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

permanently filed.

1931

Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, It this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

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01	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	etatement of OCCUPATION is very important. See instructions on back of certificate.	1
tem	sho	ent	
ery	ANS	stem	
>	5	eti	

PLACE OF DEATH County Worcester WITHIN CORPORATE EMITS OF Village or Cit Pocomoke City (No. 2FULL NAME James Milton Closs	Registration Dist. No. 357 Str. Ward) Str. Ward) Str. Ward of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	March 8th, 1921 March (Month)8th, (Day)1931 (Year)
February 10th , 1 888 a (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from February 26th 19231 to March 8th , 19231, that I last saw h. in alive on March 8th , 19231,
43 yrs mos. 26 ds. or min.?	and that death occurred on the date stated above, at 5 s 00 Pem. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Automobile Dealer (b) General nature of industry	Pneumonia-lobar.
business, or establishment in & Garageman which employed or (employer)	Contributory Influenza
10 NAME OF FATHER James S.Clogg	Secondary (Duration) yre

Maryland

OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER

11 BIRTHPLACE

(State or Country)

RENT

Sallie Wason 13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis D. Young

(Address) Pocomoke City, Marv

Registrar

ients or Recent Residents) At place of death... In theyrs.......ds. Where was disease contracted, if not at place of death?.....

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Former or usual residence

M.P. Cemetary Pocomoke City. Md 20' UNDERTAKER

DATE OF BURIAL Mar. 10th , 1931.

Pocomoke City

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospital fever (the only definite synonym is "Epidemic erebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory affection need not be valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

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	PLACE OF DEATH	STATE OF MARYLAND
	County Warester	CERTIFICATE OF DEATH
		Registration Dist. No. 355
V	Village or City Berlin (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
	2FULL NAME /Liman James	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3/12/3/ (Month) (Day) (Year)
6	DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Ma alive on 3/12/3/ , 1923
7	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
8	b) General nature of industry	2
9	business, or establishment in which employed or (employer) Musual S BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER James Henry Carbin	(Signed) Zaloh P / Lun M D.
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER / baselile formales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mis. IX - I Carbins	Former or usual residence
	(Address) Burling Md	Waterlown H. M. Mas. 15. 1931
1	Filed 3-14" 1931 Felen F. Haywar	LO UNDERTAKER Burbage Berlin And
-	If more bianks are needed, address Stato Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

100001

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The materia 6 yrs). For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, that fact may be indicated thus; Farmer (re without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. Laborer-Caul minc, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, accident; Revalver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasums,
> "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of earbolic acid—probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY causing death, 29 ds.; Bronchapueumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy:" "Collapse." "Coma," "Convulsions, cough; or intercurrent) affection need not be Chronic valvulur heart disease; nephritis, etc. The contributory Nomenclature

(A) If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1

S. No. 1

act act	PLACE OF DEATH	STATE OF MARYLAN	ID
Z Z X	County Nowester	CERTIFICATE OF DEA	TH
0.0	*	(131)	25
192	0, 10+	Registration Dist. No.	9./
Q E.	Village or City Gridletiee (No.	St: Ward) (If death o	or institu
EXAC Iy clas	2 FULL NAME John W. Con	fin, give its stead of s number.)	NAME it
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT Sta	3 SEX 4 COLOR OR RACE 5 SINGLE, 0/14	16 DATE OF DEATH	
MA be lay be back of	Male White MARRIED, Widowed OR DIVORCED (Write the word)	Mch. 26.	1933/
	6 DATE OF BIRTH	(Month) (Day)	(Year)
H no	M-+ 0 000	Feb. 15 1971 10 Mich 20	. 198/
E sat	Wes 8 , 183/	Well 20	1923
S A ACE that	(Month) (Day) (Year)	that I last saw h walive on MCM	7
Si so	7 AGE If LESS than I day	and that death occurred on the date stated above, at	m
HIS iec	9.3 yrs. 5 mos. 12 ds. or min.?	A A	
T-Ti o	8 OCCUPATION	Marania Nahlastis	,
an tu	(a) Trade, profession or farmer	Will have been sent to the sen	<u></u>
Tiait	(b) General nature of industry		
VG II	business, or establishment in which employed or (employer)	(Duration) yrs. 6 mor	sds
Care		Contributory	·····
PADIN be car EATH impor	9 BIRTHPLACE (State or country) Amenous	Secondary	
UNF.	10 NAME OF	(Duration)	sds
>	FATHER (Internound)	(Signed) John W. W. W. W. Signed)	M. D
FH Bho E O is	M 11 BIRTHPLACE	Mchr. 21. 1931 (Address) Locklan	, Ma
OZ	OF FATHER Z (State or country)	*State the lisease Causing Death, or, in death Violent Causes, state (1) Means of Injury and (2)	ns from Whether
CAU	TI MAIDEN NAME	Accidental, Suicidal or Homicidal.	-
ILY, rma te 12A	of MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutio ients or Recent Residents)	ns, Trans
003	13 BIRTHPLACE	At place In the	
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsn	nosds
Pl of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	• • • • • • • • • • • • • • • • • • • •
E CA	00 0.1	Former or usual residence	
Item s sho	(Informant) Helmy Billy	19 PLACE OF BURIAL OR REMOVAL DATE OF B	BURIAL
S Z O	(Address) Glidletelle Md	11000 10	2 19 3
ot a star		20 UN DERTAKER ADDRESS	, 19
	15 Filed 3/22 1923 / LECoy Sweets	1 - Comment	~ 01
200	/ Registrai	W.V./Yeams anow)	770
2	If more banks are needed, addre s State Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, tl'e first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed etc., To For many occupations a single word or term on yrs). Farm laborer, At Home, and children, without more precise specification as Day For persons Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, who have no occupation not gainfully em-Locomotive engineer The quesmateria Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typheld fever (never report "Typhold Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

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answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

沿江黄 approved by Recommendations on statement of cause of vetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonilis, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples; Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condicertificate is looked over thoroughly and al qu stions FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory rauses of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RTPRATIV	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Was a second and a				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis APR 4 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURBAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			171	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	Dr.	Brown
ac. 1	PLACE OF DEATH	03728 STATE OF MARYLAND
W FE	County Worlester	CERTIFICATE OF DEATH
	Man	Registration Dist, No. 311
CORD EXACTAL	Village or City My Hill (No. 11 No. 11)	St.: 6 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANATA	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED. OR DIVORCED CONTROL (Write the word)	16 DATE OF DEATH March 5 , 193/
BIND PERM E shoul	6 DATE OF BIRTH Opril 20, 1854	17 LOSE 10 1930 to Meach, 1, 1923
A A C that	(Month) (Day) (Year)	that I last saw here alive on March 1923.
HIS IS	76 yrs. 10 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
ERVE IK-T	a OCCUPATION (a) Trade, profession or Return particular kind of work	Lemoplezia
G IN	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vie 3 mos d
NON	9 BIRTHPLACE (State or country) Marsland	Contributory Secondary (Durstion)
UNFA UNFA ould be	10 NAME OF Exhiam Dennis	(Signed) Cacle 7 Brown M. I
On sh	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
LY, rmatic te CA	of MOTHER Many linn Lewis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
nfo sta	of MOTHER	At place of death yrs described by the State of death where was disease contracted,
ITE PL	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
tem she	(Informant & J. Dennin	Former or usual residence
WRITE WEIT CIANS SI	(Address) Parksly va.	Pitterille ond. Mar. 7. 1931
	Filed 3/6 1923/ Recoy Servity	Holloway of Co Salishey MA
Z	If more branks are needed, address State Registra	r. 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, ar At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material -Cool mine, etc. 6 Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonoeum, etc., Carcinama, Sarcama, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Si-	PLACE OF DEATH	STATE OF MARYLAND		
T X	County Warrester	CERTIFICATE OF DEATH		
Y, P		Registration Dist. No. 362		
CTL Issif	Village or City Alexard (No	St.: Ward) (If death occurred in a hospital or institu-		
L EXA	2 FULL NAME Jaura anne 10.	tion, give its NAME instead of street and number.)		
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
d be st ly be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2002 12 -, 19:31. (Month) (Day) (Year)		
SE shoul	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1971. to		
nstruction	7 AGE H yrs. 8 mos. 2 3 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:		
supp in ter See i	B OCCUPATION (a) Trade, profession or particular kind of work	BLILE ! Enemonia		
efully in pla rtapt.	(b) General nature of industry usiness, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.		
be caref EATH in importa	9 BIR (HPLACE (Nate or country)	Contributory Secondary (Duration)		
ould OF D	10 NAME OF James Jones,	(Signed) M. D. 3-13-1931 (Address) Buthund		
AUSE ON IS	OF FATHER (State or gountry) (State or gountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
e C	of MOTHER Mulbrown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
infor	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds.		
uld of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
sho ent	(Informent) Mis. J. Vivusend	Former or usual residence		
Every it CIANS stateme	(Address) Bestan Rude	Burbage Geneter Mar 13, 19 3!		
B OF	Filed 3/14 1931 I V Meunford defety Registrar	20 UNDERTAKER / ADDRESS J. W. Burbage Burlin Mid		
Z	If more branks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

MARGIN RESERVED FOR BINDING WRITE PLACLY, OTH UNFADING INK-THIS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. loborer, Form loborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Funnch orc or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekcepers who receive a r," etc., report specifically the occupations of persons en-Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a without more precise specification as Compositor, Architect, For persons who have no occupation 6 Stationary fireman, etc. But in many Automobile factory. The materia. Salcsman. single word or term on Locomotive engineer, (6) Grocery Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed tend for the same disease. Examples: "crebrospital fever the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; "Lobor pneumonia, Bronchopneumonia ("Pneumonia";

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on kclanus) may be stated under the head of "contributory." as fracture of skull, and consequences le.g., sepsis, carbolic acid-probably smeide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septiaucmiu," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troincan be ascertained as the cause. Always qualify all Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY "Heart failure," "Haemorrhage," ("hronic valvular heart disease; Example: Measles (disease ctc. The Nomenclature contributory Measles;

II this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is bermanently filed.

		ed
	WRITE PL. ALY, HTH UNFADING INKTHIS IS A PERMA, IT	y item of information should be carefully supplied. ACE should be stated NS should state CAUSE OF DEATH in plain terms so that it may be proper
UZ		be
	S.M.A	uid
BIN	PEF	she itr
MARGIN RESERVED FOR BINDING	A	that
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Q	HIS	ms
SVE	I	supp
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吊田田	Ç	refu in p
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V. S. No. 1

N. B.

Village or City Mr. Manualle (No. 3.5.5) Village or City Mr. Manualle (No. 4) 2FULL NAME Mary Elizabette Danaway PERSONAL AND STATISTICAL PARTICULARS 3 SEX		PLACE OF DEATH	02720	STATE OF	MARYLAND
Village or City Mr. Mulalunalle (Mg. d. St.: Ward) 2FULL NAME Mary Educate Land 1 2FULL NAME Mary Educate Land 1 PERSONAL AND STATISTICAL PARTICULARS 3 SEX		County Morcester,	00100	CERTIFICATE	OF DEATH_
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, MARRIED, Willows Color		2 2/4	186-0	Registration	Dist. No. 355
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE WASONED WASONED OR DIVORCED (Write the word) 6 DATE OF BIRTH 10 DAY 17 I HERRBY CERTIFY, That I attended the doceased from the law of the stated above, at the last saw heart alive on man 2 192 18 OCCUPATION (a) Trade, profession or particular kind of work profession or establishment in which employed or (employer) 10 NAME OF EATH MAN 9 193 11 BIRTHPLACE OF PATHER 11 BIRTHPLACE OF PATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) July and (2) Whether was disease conting to particular residence. (Informant) July and (3) Whether was disease conting to particular residence. (Informant) July and Law 193 Applace (Informant) July and	V	illage or City Mr. Mealeyrelle (Mg. d.		St.:Ward	tion, give its NAME in
3 SEX 4 COLOR OR RACE SINGLE WINDWED WINDWED (Write the word) G DATE OF BIRTH TAGE STATE OF BIRTH STATE (Write the word) (Agonth)	-	2 FULL NAME Mary Elizabeth Dona	way!	***************************************	stead of street and number.)
AGE Mark Michigan Marker Marke		PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
TAGE SQ yis. D mos. Q ds. or min. o	3	MARRIED. Midowed	***************************************	Mas. (Month)	/b , 198/(Day) (Year)
B OCCUPATION (a) Trade, profession or particular kind of work professi	6	May 8th, 1848	Jel 16	193 (. to M	an 9 , 193/
(a) Trade, profession or particular kind of work Consider the profession or particular kind of work Consider the particular kind of work Consider the particular kind of work Consider the particular that the		82 yrs. 10 mos. 2 ds. or min.			l above, at 14
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Informant) (Address) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (I	X	(a) Trade, profession or particular kind of work learn driver stade (b) General nature of industry business, or establishment in which employed or (employer) fouriums	Contributory (vg)		HJO: le 345 albinarios 21 de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed 16 Address) 17 Mail Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS ADDRESS		/// /		(Duration)	1
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 3 1981 Accidental, Sticual of Homicial. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) Where was disease contracted, if not at place of death? Former or usual residence. 19 BLACE DF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS	ITS	11 BIRTHPLACE OF FATHER	mas 11 198		lin my
At place of death	ARE	12 MAIDEN NAME	18 LENGTH OF RE	SIDENCE (For Hospi	
(Informant) Filmer Policy Policy Informant if not at place of death? (Address) March 2 1981 Challer To June 1981		OF MOTHER / MA	At place of deathyrs	In the	teyrsds
(Address) March 2 1931 Chelon J. Hayward Or Benoval Bate of BURIAL	14	The 12 76 1	Former or usual residence	(h?	••••••••••••••••••••••••
riled John 1721		(Address) Malupralle : my	PHSinII	e Cernitary	march / 2 1931
The state of the s	15	riled 5	Um. Hon	and Wells.	Tittsville In

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer fre to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement, Civil engineer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many If the occupation has been changed Salesman, (b) Locomotive engineer, not gainfully em-Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, pncumonia, Bronchopneumonia ("Pneumonia, the Dis-

> telanus) may be stated under the head of "contributory." "Inanition," "Weakness," etc., when a definite disease stated unless important (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease; Always qualify all The contributory Measles;

permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions and must be obtained before the certificate is

	De lester V		82-0	CERTIFICATE Registration D	2
Village or Cit	JLL NAME DE	n Hansell		St.: Ward)	(If death of a hospitul of tion, give its stend of strumber.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX	a color or race	5 SINGLE, MARNIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	March (Month)	26 ,
6 DATE OF BI		2 4 , 187 (Day) (Year)	that Unst saw hum	6 1931 to Man	ch 26
7 AGE	5 2 yrs. 11	If LESS the day have the day have the day have the mire.	rs. The CAUSE OF DEAT	red on the date stated a	bove, at 5
particular ki	nd of work Ship	him black	68182	ral kemon	nage
business, or	nature of industry/ establishment in oyed or (employer)			(Duration)	yra: mos
business, or	establishment in yed or (employer)	Famett.	Contributory Secondary	(Duration) (Duration)	yrs mo:
business, or which emple 9 BIRTHPLAC (State or 10 NAME FATHER OF FATHER CState UT 2 MAIDE	establishment in syed or (employer)		(Signed)	(Address) Desth, Late (1) Means of Injor Homicidal.	owne for, in death ury and (2)
business, or which emple 9 BIRTHPLAC (State or Cartes) 10 NAME FATHER OF FAU (State of MO') (Sta	establishment in syed or (employer)	Farsett -	*State the D Violent Causes, st Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of death yes	(Address) Salid isease Causing Desth, tate (1) Means of Injor Homicidal. SIDENCE (For Hospital is idents) In the State racted,	owne bury or, in death ury and (2)
business, or which employed which employed by the series of the series o	of County OF CHARE CHARE CONTROL OF COUNTY OF		(Signed) *State the Diviolent Causes, stated and Accidental, Suicidal 18 LENGTH OF REients or Recent Reaction of death yes	(Address) Salid isease Causing Desth, tate (1) Means of Injor Homicidal. SIDENCE (For Hospital is idents) In the State racted,	or, in death

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can he known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Parmer or Plowler, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Spinner, nature of the business or industry, and therefore an worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager." "Dealem at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housegaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foremon, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept—
to time and causation), using always the same accept—
to time and causation), using always the same accept—
to time and causation), using always the same accept—
fever (the only definite synonym is "Epidemic cerebro—
s: inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Typhoid fever (never report "Typhoid Pneumonia,");

inges, peritonaeum, etc., Corcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. use of "Tumor" (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping cough; 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Janure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, approved by Committee on American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be as important. Example: Measles (disease for malignant neoplasms); Measles; Chronic valeular etc. Nomenclature The contributory heart discuse; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Worcester R. R. No. 4.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
Village or City Pocomoke City. (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	March 1st, 1931, 192 Narch (Month) 1st (Day) 1931(Year)
March 1st , 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS that I day 9 hr O yrs. 0 mos. 0 ds. or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Premature birth. This toly probably also had syppilis could the could be decounted.
9 BIRTHPLACE (State or country) Maryland.	Contributory Parental syphilis Secondary most likely paternal Thought to heard. (Paternal Durstion), yes mos de.
10 NAME OF FATHER Jacob F. Finney 11 BIRTHPLACE OF FATHER (State or country) Parksley, Va.	(Signed) M. D. Narch 2 192 31(Address) Poconioke City, Md *State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) Parksley, Va. 12 MAIDEN NAME OF MOTHER Ida P. Crapper,	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of Mother (State or Country) Accomac, Va.	ients or Recent Residents) At place of death
(Informant) Jacob F. Finney. (Aller) Pocomoko City, No. 4.	if not at place of dea.h? Former or usual residence
(Address) Pocomoke City, Md. Filed 3 - 2 1923/ 6 School Registral	Medley Cocky Production 3-2, 1931 20 Uydertaker ADDRESS That Shields Provide 125

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid inges, periionaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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CERTIFICATE OF DEATH Registration Dist. No. St.: Ward a (If death completed or interest of the particular Management of the partic	PLACE OF DEATH	STATE OF MARYLAND
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(If death occurred in a hospital or institu-

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DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Foremon, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved "('Exhaustion,') "('Heart langue,') "('Inanition,') "('Marasmus,') "(Old Age,') "Shock,') "('Uraemia,') "(Weakness,') etc., when a definite disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. he particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries | Examples

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	BUREAU V. S.		
Arteriosclerosis	1915	Attock of epilepsy	Y week ogo		
Chronie interstitial nephritis	1921	Run over by street car	I week ogool & ddy		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago		
			RECEINED		
			Lancon		
Occupation of importance:		Other contributory causes of importance:			
Gollstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Salesman, (b) Locomotive engineer, not gainfully em-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-(the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on telanis) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic ctc. The contributory valvular heart Nomenclature of the Always qualify all disease;

data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the

V. S. No. 1

County Village or CITY No. No. No. (If death occurred in a horpital or institution, give in NAME intered of street and number) St. Ward Length of residence in city or bown where death occurred. Yes. mos. Other Death PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKE MORED MIDDOWED OF DIVORCED Cerric the world) St. I Married, addowed, or divorced diussake of the County of the Cou	STATE OF WARTLAND	CERTIFICATE OF DEATH (13736
Village or CIB? ND. St. Ward Langth of residence in city or turn where death occurred (If death occurred in a hospital or innitiation, give its NAME instead of street and number) 2. FULL NAME (a) Residence No. (Lius) place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGEL MARKE, WIDOWSD, OR DIVORED Certic the word) OR DIVORED Certic the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Veats 1. AGE Veats Or monitorion, and state of state of the word of the state of the word of the state of the state of the word of the state of the word of the state of the word of the word of the state of the word of the word of the state of the word of the word of the state of the word of the word of the state of the word of the word of the state of the word of the word of the word of the state of the word of the		351
Langth of residence in city or town where death occurred	County	Registration Dist. No.
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3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. It married, widowed, or divorced HUSARD of (or) WITE of (Wonth) 5. It married, widowed, or divorced HUSARD of (or) WITE of (Wonth) 5. It married, widowed, or divorced HUSARD of (or) WITE of (Wonth) 5. It married, widowed, or divorced HUSARD of (Wonth) 5. It married, widowed, or divorced HUSARD of (Wonth) 5. It married, widowed, or divorced HUSARD of (Wonth) 5. It married, widowed, or divorced HUSARD of (Wonth) 5. It married, widowed, or divorced HUSARD of (Wonth) 5. It married, widowed, or divorced HUSARD of (Wonth) 6. DATE OF RIETH (month, day, and year) 7. AGE 8. S. Trade, profession, or particular 8. S. SINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at more and the same and particular work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at more and the same and particular work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at more and related causes of importance: 12. RIETHPLACE (city or town) (Slate or country) 13. AMME 14. BIETHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIETHPLACE (city or town) (Slate or country) 17. INFORMANT (Address) 18. BURNALL, GREMATION, OR REMOVAL Place 18. Date of divorced work and disposity or town, county and State) 18. Date of injury Namer of		
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6. DATE OF BIRTH (month, day, and year) 7 7 9 7 7 1 1 last saw h	5a. If married, widowed, or divorced	
TAGE Years Months Days II LESS than 1 day, hrs. or roin. 8. Trade, profession, or particular or roin. 8. Trade profession, or particular or roin. 9. Industry or business in which work was done; as SPINMER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done; as SILK MILL, SAW MILL, BAKK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy? NO. 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy? NO. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OB REMOVAL Place. Date of onset What test confirmed diagnosis? Date of injury. Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) Manner of injury Nature of injury (Signed) MANNE OF OPEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: OF ACCIDENT OF The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset a	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
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(Address) 5 2/27 193/ LERoy Swith (Signed) Manuel, Luyo M. D.	10 HADESTAKES A ~ S & Llivers	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19 CLOS SILLIES		
	3/27 3/8EA Suith	(Signed) Marulo, Frugo) M. D.
	20. FILED Registrar.	(Address) Junustell, lis

CTATE OF MADVIAND CEDTICICATE OF DEATH

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilopsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastrocnteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Wageeshi-	CERTIFICATE OF DEATH_
WITHIN CORPORATE L	Registration Dist. No. 350
Village or City toramakender	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Harry Richard	Niel tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3 - 3 1931	3-3 192 (. to 3-3 , 192/.
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE	and that death occurred on the date stated above, at
l day hrs	
yrs. mos. ds. or min.	
(a) Trade, profession or	Still Harry
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mosds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs. mos. ds.
10 NAME OF	(Signed) M. D.
FATHER Harry C. Will	3-3 197 (Address) A.A.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Myrelle Walsher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE	Former or
(Informant) Hurry C. /Yell	usual residence
(Address) Portugalla Cie Mil	M & Cauly Press 3 3. 1937
15 Filed 3-3 1923/ Co Sebar plo	20 UNDERTAKER DODRESS
Régistrar	15 W Services St. Polite Propositing V S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material ete., For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. affection need not be valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions an wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

County	W	130	CE	gt.	pr

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STATE OF MARYLAND CERTIFICATE OF DEATH

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	13		 	 D	2 - 4	B.F.	7	1	2

Villago	>-								
Village	61	City	Po	com	oke	Ci	tv	(No	

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

2FULL NAME Julia Anne Hurley

PERSO	DNAL AND STATIST	ICAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
sex Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, 16 OR DIVORCED (Write the word)	arried	March 16th. March (Month) 16	
6 DATE OF B	IRTH			17 I HEREBY CERTIFY, That I a	ttended the deceased from
	February (Month)		, 1856.	that I last saw h alive on	
7 AGE	75 yrs		f LESS than I dayhre. ormin.?	The CAUSE OF DEATH * was as follows:	
a) Trade, particular k				Juddan Calla	
(b) General business, or	nature of industry establishment in oyed or (employer)	4-*		(Duration)	yıs. mos ds.
9 BIRTHPLAC (State or	country)	ginia		Contributory Secondary (Duration)	yrsde.
10 NAME FATHE	OF			(Signed)	M. D.
ш	HER or country) Vir	ginia		*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h or In deaths from
OF MO		rtin		18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	pitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Virginia				At place In the	ne ateyrsmosds.
	e is true to the Best		OGE	if not at place of death?	
	dress)Pocomoke (and.	19 PLACE OF BURIAL OR REMOVAL M.E. Cemetary Pocomoke City, Nd.	Mar. 19th, 1931
Filed 3	118 1923/ 6	SHar	-fir	10 UNDERTAKER	Poconione City

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William laborer, Laborer-laborer, Farm laborer, Laborercupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer whatever, write None. business, that fact may be indicated thus; Farmer (ce or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Transition," "Heart failure," Haemorrnage, "Inansition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol or intercurrent) affection need " "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart disease, The contributory Measles; not be

Edata is essential Remanderly filed. ans If this certificate is looked over thoroughly and all questions ered in detail, it will prevent further correspondence. is essential and must be obtained before the certificate in

S. No. 1

N. N.

PLACE OF DEATH County Workester	03739 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 355
Village or City W Laleyville (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2 FULL NAME JOHNO James	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white SINGLE, MARRIED, MONTHELL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
about (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Feb. 21 192 to March 3, 137, that I last saw have alive on Feb. 26, 1921,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Fasture (b) General nature of industry	Carcinoma of Someth & Lui
business, or establishment in which employed or (employer)	Contributory Secondary
(State or country) 10 NAME OF FATHER Lemuel Jarman 11 BIRTHPLACE	(Signed) (Address) Below In A
OF FATHER (State or country) Warylange.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary J. Lewis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wakyland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Haa Williams	if not at place of dea.h?
(Addrew Whaleyville Find.	Whalipille Date Com Mar. 6. 1931
15 Filed 3/4 1931 Stelen F. Naywoll	m Pasha Watson Selbyville
If more blanks are needed, address tate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (its or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housepauld, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the (a) Foremun, (b) Automobile factory. The materia Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of household only not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neceswithout more precise specification as (a) the kind of work and also (b) the single word or term on (6) The ques-Grocery, Day

Streement of Cause of Death—Name, first, the big!

EA. 2 "MUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

C2 (Recommendations on statement of cause of death totanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature ," "Convulsions, Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH	03740 STATE OF MARYLAND
County Workester	CERTIFICATE OF DEATH
12 1.	Registration Dist. No. 3 5 &
Village or City / Serles (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Ward 18, 9M	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH March 27, 1981 (Month) (Day) (Year)
6 DATE OF BIRTH Mulsurum 187	march 19 18 to march 27, 18/
(Month) (Day) (Year)	that I last saw h my alive on march 17, 1981,
7 AGE If LESS that I day hr hr hr hr hr hr hr hr	
e occupation (a) Trade, profession or particular kind of work	Chronisonterstile kephitis
(b) General nature of industry business, or establishment in which employed or (employer) Lea Luce	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yte
10 NAME OF ATTHER	(Signed) C a Holland M. D.
11 BIRTHPLACE Mallell	mas 28 1931 (Address) Beslins Ind
OF FATHER (State or country) W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wall Buckingha	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. State yrs. mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Portest Mattees	Former or usual residence
(Address) Bulin Md	Pulsons Centry Mal 29, 1931
Filed Mar 28 1931 IV Maum ford	20 UNDERTAKER BUSTAGE BERLIN MA
If more blanks are needed, address State Registr	rat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmed (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cookployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotice engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted to the angle of the same disease. Examples: ('erebrospinus fever' (the only definite synonym is "Epidemic cerebrospinus spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Luermanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

delanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and al quistions American Medical Association.) approved by Committee on as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perdonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "'Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need ongenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic etc. The contributory raivular Nomenclature Always qualify all heart disease;

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Ssiff	Village or City Snow Hul (No.	
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stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	
d be y be ack o	MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16
houi t ma on b	6 DATE OF BIRTH	1
ns in	Jan 15, 1871	
Ac tio	7 AGE (Month) (Day) (Year)	th
s s	1 day hrs.	T
000	BOCCUPATION	****
ly su	(a) Trade, profession or particular kind of work	
efull in pla	(b) General nature of industry business, or establishment in	***
Care TH ir	which employed or (employer)	
EAT imp	(State or country) (a.	
ould CF D	10 NAME OF FATHER AMAZO COMPLIAN	(S
E C	M II BIRTHPLATE	
CAUS	Z (State or country)	
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state CCUP	13 BIRTHPLACE	Ąį
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00	Revistrar	A

03741

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 357

St.:	Ward)	(If death a hospital tion, give stead of	or ins	titu- E i -
		number.)		

-	
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 7100 1981
	(Month) (Day) (Year)
	I HEREBY CERTIFY, That I settended the deceased from
/	Men 19 1931. to New 19, 1931
_	that I last saw h Mulalive on 1923
n	and that death occurred on the date stated above, at 2m
?	The CAUSE OF DEATH * was refollows:
	Tived alow could oblain no
	history was rucowsein when &
	Dans Kuir (Duration)
	Contributory Secondary
	(Duration) Jyrs
1	(Signed) John A. July M. D.
-	men 36 1931 (Address) June 9 July M
-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
*	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
۱	ients or Recent Residents) At place In the
	of deathyrsmosds. Stateyrsmosds
•	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Anow Hel Mid. Mar. 21, 1981
	20 UNDERTAKER ADDRESS

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Heart failure," "Haemorrhage," "Shoek," "Shoek," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic etc. The contributory valvular heart disease; affection need not be Nomenclature " "Shock,"

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis FTTT AT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSI- ed: Exact	PLACE OF DEATH County Woreester	STATE OF I CERTIFICATE Registration		
CORD Exact :y classifi	Village or City Bishopullo, and	St:Ward)	(If death measured In	
Stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
MAINTAIN IN BE S ay be posses of	Jemale white (Write the word)	16 DATE OF DEATH (Month)	/2 , 192/ (Day) (Year)	
A PERA	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I att	193	
HIS IS lied. AC ms so the nestruction	7 AGE 73 11 mos. 12 or min.?	and that death occurred on the date stated above, at		
SERVE INKTH Iy suppliain territ. See in	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	from automos	ha al	
DING Careful TH In phortant	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary	yrs. 2 mos /7 ds.	
MARGII UNFAI uld be F DEAT	10 NAME OF Thomas Taylor	(Signed) P. Call	mosds.	
WITH with sho cause c	OF FATHER (State or country) Luknown 12 MAIDEN NAME	*State the listase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether	
ATINLY, informat state C. CCUPAT	OF MOTHER Pachel Taylor 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place In the	e yrs ds	
PL of i	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmos Where was disease contracted, if not at place of dea.h? Former or		
WRI'Y Ite	(Address) Bishoffville md	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
BEver	Filed 3/12 19231 Registras	20 UNDERTAKER)	Selbyrille	
ž (E	If more b.anks are needed, addre s tate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V.	S. No. 1. Del:	

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (te state occupation at beginning of illness. If retired from worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, whe are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a 10 For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation single word or term on

> (Recommendations on statement of cause of death approved "("Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; a void unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiby Committee on cough; "Congenital," "Senile," etc.), "Dropsy,",
> ""Heart failure," "Haemorrhage," Chronic volvular heart disease Example: Measles (disease etc. The Nomenclature " "Convulsions, contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF	DEATH	-
County M	1/2	rus	Tur



STATE OF MARYLAND CERTIFICATE OF DEATH

31-2

	Registration Dist. No. UV &
Village or City Berling (No	St.: Ward) (If death occurred in
2FULL NAME Irving James	Paulal or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH All Day (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) 1D NAME OF FATHER	Contributory Secondary (Duration) yts mosds, (Signed) M. D.
OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Barles Made	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Nawlay Nille Nawlay Nille Nawlay Nille
Filed 3/12 1981 I O Meenford	2D/UNDERTAKER ADDRESS ADDRESS B 18/11 9Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (4) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed ter i for the same disease. Examples: Cerebros mind to time and causation), using always the same actept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Typhoid fever (never report "Typhoid Pneumonia (t) only definite synonym is "Epidemic cerebra" pneumonia, Bronchopneumonia ("Pneumonia," -

> American Medical Association. telanus) may be stated under the head of "contributory." "(Traemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumoniu (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (secondar: or intercurrent) affection need (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping perilonacum, etc., Corcinoma, Sarcona, etc., of Never report mere symptoms or terminal condicough; Committee on "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The valendar heart discase; Nomenclature Always qualify all contributory Mcasles; not be

It this certificate is looked over thoroughly and all questions permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

M	rsi- xact	PLACE OF DEATH	63745 STATE OF MARYLAND
	PHY Ex	County Worcesler	CERTIFICATE OF DEATH
-1	Y.		Registration Dist. No. 332
CORD	EXACTL ly classif	Village or City Berlin (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
10	stated E properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NANA	ould be stamay be pro	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 15', 18/
BIND PERM	t it	8 DATE OF BIRTH November 23, 1841 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to Man 15
S IS A	so th	7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at
RESERVED NG INKTHI	suppli n term See in	8 7 yrs. 3 mos. 22 ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work	Cerebroh Hemontag
	refully in plai	(b) General nature of industry business, or establishment in which employed or (employer)	Was lad-ridden, ever since the acceidental fall. (Duration) yes mos o do Contributory Hartinge of ann
RGIN	d be ca DEATH	9 BIRTHPLACE (State or country) Maryland.	Secondary Country fell from Adv. Cuttor. (Durayon) 378 Umos ds
MA UN	E OF D	FATHER Mc Kemmie Jarman	(Signed) MANUA 198/ (Address) Berin Ind
•	AUS TON	OF FATHER (State or country) 12 MAIDEN NAMES D	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
X,	orm ate UPA	of MOTHER Phoda Bower	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
PLA	d si	OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of death?
RITE	shoul ent of	(Informant) W. R. Rayue	Former or usual residence
WR	Every it CIANS stateme	(Address) Baltinore, nd	Buckenglian Cerulary March 17193
	B EV	Filed Mar 17 1931 & Wyniford Registrar	J. W. Burbage Bellio Ma
	z	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

work, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. tired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—coar men at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The Salesman. Locomotive engineer, duties of the (3) The quesmaterial Grocery; Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted te: n for the same disease. Examples: Cercbrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. approved by Committee on Nomenclature diseases resulting from childbirth or misearriage as "PUERPERAL septieucmia," "PUERPERAL perilonilis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," (Recommendations on statement of eause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ('hronic Example: Measles (disease ete. The contributory valvular heart disease;

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	ange (rlin : Mo			e Jay
=	PERSONAL AND STATISTICAL PARTICULARS						
35	EX	ale		R OR RACE	OR	RIED, OWED, DIVORGED e the word)	
6 [DATE	OF BIRT	Ή	(Month)	h	9 th (Day)	, 193/ (Year)
7 /	GE				200	ana	If LESS tha
() ()	a) Tra articul b) Ger	ar kind neral na	fession o of work ture of in	ndustry	*********		
OP OP	a) Tra articul b) Ger usines which e	de, pro ar kind neral na s, or es	of work ture of in tablishme d or (emp	ndustry ent in oloyer)		• • • • • • • • • • • • • • • • • • • •	
OP OP	a) Tra articul b) Ger usines which e (Stat	de, pro ar kind neral na s, or es employe	of work ture of in tablishme d or (emp	ndustry ent in	d	· · ·	
RENTS 6	a) Tra articul b) Ger usines which e (Stat 10 N FA	de, pro ar kind neral na s, or esi employe PLACE e or coul AME OF THER RTHPLA F FATHE State or AIDEN	of work ture of in tablishme d or (emp ntry) CE ER country) NAME	ndustry int in poloyer)	nd		
ENTS 6	a) Tra articul b) Ger usines which control of the c	de, pro ar kind aeral na aeral na s, or es employe PLACE e or coul AME OF THER RTHPLA F FATHE State or AIDEN MOTH RTHPL	of work ture of in tablishme d or (emp ntry) AGE ER country) NAME ER AGE	ndustry int in poloyer)	nd		ūl
PARENTS	a) Tra articul b) Ger usines which e (Stat) 10 N FA 11 BI OF (12 M OF	de, pro ar kind aeral na seral na se, or es employe PLACE e or coul AME OF ITHER RTHPLA F FATHE State or MOTH IRTHPL MOTH State or	of work ture of in tablishme d or (emp ntry) CE ER COUNTRY) ACE ER COUNTRY) ACE ER COUNTRY) THE T	ndustry int in poloyer)	rid Ra OF MY		EDGE

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If more bianks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 332

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)				
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH					
	(Day) (Year)				
17 I HEREBY CERTIFY, That I atte					
Mar 9 1981. 10 m.	47 1921,				
that I last saw her alive on may	12/,				
and that death occurred on the date stated	above, at 9 A mi				
The CAUSE OF DEATH * was as follows:	`				
Fremaline B.	11h				
(Duration)	vrs. mos Z ds.				
Contributory					
Secondary					
(Duration)	yısds,				
(Signed) C 9 Holla					
May /21923 (Address) Be	en ma				
*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether				
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)					
At place In the of death yrs. mos. ds. State	yrsmosds.				
Where was disease contracted, if not at place of death?					
Former or usual residence					
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL				
Germantreon &	Mal /2, 1931				
O UNDERTAKER	ADDRESS				
1 . 1 /2 . /	12.11 and				

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a (a) Foreman, sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as (b) Automobile factory. The material (a) the kind of work and also (b) the Locomolice engineer, (b) Grocery, Doy

Statement of Cause of Death—Name, first, the pisses causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanual) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomiu," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valendar heart disease; Example: Measles (disease etc. Nomenelature The contributory Meusles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly filed.

V. S. No. 1

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	FEORD	d. ACE should be stated EXACTLY, PHYSI-so that it may be properly classified. Exact tructions on back of certificate.	Vil
	是是	stated E properly of certific	3 5
FOR BINDING	PER.N.A	hould be it may be on back	F. 6 C
FOR E	S IS A PERMA	d. ACE so that tructions	7 A

PLACE OF DEATH	STATE OF MARYLAND
County Worcester	CERTIFICATE OF DEATH
-0+ 0+	Registration Dist. No. 25 4
Village or City Stocktow (No.	St.: Ward) (If death occurred Im a hospital or institu- tion, give its NAME it- stend of street and
2FULL NAME Juniata Ros	Mey stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Color or RACE 5 SINGLE, MARRIED, Single OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Mch 24, 198/
6 DATE OF BIRTH June 5, 1924	17 HEREBY CERTIFY, That I attended the deceased from 1921. to May 23, 1921.
(Month) (Day) (Year)	that I last saw h Malive on MA 3, 1921, and that death occurred on the date stated above, at 3 a, m.
6 yrs. 9 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or School girl parsicular kind of work	Inflace maga
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) 778 7206ds.
10 NAME OF Havy Rowley	(Signed) John D. Dyckewson M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mildred Taylor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Navy Rowley	Former or usual residence
(Address) Stockton Md	19 PLACE OF BURIAL OR REMOVAL Monthson Monthson Monthson 1831
15 Fil Mch 25 108 Hary Tr Tayler	20 UN DERTAKER ADDRESS SUTERIOR
If more b.anks are needed, address State Registr	ar, 16 W. Saratoga St., Baito., Requesting V. S. 1.0. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Screat, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of 'the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery. man, (b) Automobile factory. The material Stationary fireman, etc. But in many engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

data is essential permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) cough; Chronic valvular heart affection need etc. Nomenclature The contributory " Shock, disease; not be

	YSI	PLACE OF DEATH	03748 STATE OF MARYLAND
(C)	Y, PH	County Warrester	CERTIFICATE OF DEATH Registration Dist. No. 352
Me	ated EXACTL operly classif certificate.	Village or City Showell (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NA	be st be pr	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 23 -, 1931 (Month) (Day) (Year)
BIND	it m	6 DATE OF BIRTH [an, 28, 193]	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
FOR IS IS A	. AC	7 AGE (Month) (Day) (Year) If LESS than I dayhrs.	and that death occurred on the date stated above, at 640 Am. The CAUSE OF DEATH * was as follows:
ESERVED INKTHI	supplied in terms s	yrsds. ormin.? a occupation (a) Trade, profession or particular kind of work	Cold on chest"
RESE NG IN	in plai	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory history of cold
ARGIN	d be cal	9 BIRTHPLACE (State or country) 10 NAME OF	Secondary (Duration)
MA TH U	SE OF	of FATHER OF FATHER (State or country) The state of th	(Signed) M. D 3-23-1937 (Address) B. M. D *State the Disease Causing Death, or, in deaths from
LY, Y	mation e CAU	of Mother Beatsei Bolleis	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
PLA	information of information	13 BIRTHPLACE OF MOTHER (State or Country) At the Above is true to the Best of MY Knowledge	At place of deathyrsmosds, In the Stateyrsmosds Where was disease contracted, if not at place of death?
WRITE	S shoù ment o	(Informant Thornton Showell	Former or usual residence
. 1 W	-Every CIANS stater	(Address) Berlin and 15 Filed Mar 23 1931 I vonumford	Man 2 , 19 8.
2	N. B.	at Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servand, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foremon, (b) Automobile factory. The material or At Home, and ehildren, For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic ccrebrofor the same disease. Examples: Ccrebrospinal

> American Medical Association. stated unless important. Example: Measles (disease inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from ehildbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Branchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, can be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease (secondar, Whooping (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature or intercurrent) affection need Chronic valvular etc. The contributory Always qualify all heart disease; not be

answered in detail, it will prevent further correspondence. All the data is cosential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

No. 1

203

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis ? A	1921	Run over by street car	1 week ago
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 days ago
	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

mother additional space for further STATEMENTS I	BY PHYSICIAN Complexited by
Pr Eclametic Hoy emia. Opentanem	
timis chill 3/12/3/	18

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PLACE OF DEATH	STATE OF MARYLAND
County Workerler	CERTIFICATE OF DEATH
- 101. 11	Registration Dist. No. 35/
Village or City Carolle Molost	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Balry Jay	tion, giva its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decaased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I dayhrsds. ormin.}	and that death occurred on the data stated above, atm, The CAUSE OF DEATH * was as follows: No Doclozius, allestadause
a OCCUPATION (a) Trade, profession or	muscarrugal as
particular kind of work	saya midwites
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrstnosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	Darstion) 1 113 mos Ads.
FATHER Johnshall Warshall	(Signed) Lettory Suite, R. R. B.
OF FATHER (State or country) Sizellin, Wid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds, Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Odessa Taylor	Former or usual residence
(Address) Hirdlebrels, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 El 3/10 103/2: Kan Suit	20 UNDERTAKER ADDRESS
Filed 9/10 1923 & Eloy Seller	Frank Marshall gurdleby Me

If mora banks are needed, address State Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Carbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage (secondary Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Workester. classifled. Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and properly classof certificate number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, married 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED pino 6 DATE OF BIRTH tha (Month (Day) IlfLESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. supplied or min.? BOCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory HH 9 BIRTHPLACE Secondary (State or country) DO 百里 DO 10 NAME OF 31 Shore (7) 11 BIRTHPLACE OF FATHER Disease Causing Death, or, in the HOL LZ Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER State ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or Country) 0 Where was disesse contracted, O if not at place of death?. 14 THE ABOVE IS TRUE TO THE BES shoul item CIANS sho ACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 13, 1921 20 UNDERTAKER 3/11/ Mumford If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ARGIN

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(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of r," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coul minc, etc. Wom-Architect, Locomotive engineer, (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

teknius) may be stated under the head of "contributory." "PUERPERAL septicucnia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (mercly symptomcausing stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "E : haustion, (secondar, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) Recommendations on "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephrilis, death), 29 ds.; Bronchopneumonia (secondary), cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) Chronic statement of cause of Example: Measles (disease etc. The contributory affection need Nomenclature Always qualify all contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important., See instructions on back of oertificate.
ould be carefully supplie	F DEATH in plain term	very important., See ing
ry item of information sho	INS should state CAUSE C	tement of OCCUPATION IS
B EV	Ö	Ste

	PLACE OF DEATH	03753 STATE OF MARYLAND
	County Morceslev	CERTIFICATE OF DEATH
10000	Village or City Stocktow (No	St.: Ward) St.: of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MCN 19. 19.31 (Month) (Day) (Year)
	G DATE OF BIRTH (Month) (Day) (Year)	THEREBY CERTIFY, That I attended the deceased from 1923 . to Margar 15 , 1923 . that I last saw he transition on March 15 , 1927 .
1000	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 12.30 Um. The CAUSE OF DEATH * was as follows:
	(b) General nature of industry business, or eatablishment in which employed or (employer)	(Durstion)
	(State or country) Maryland 10 NAME OF FATHER Hed Jule 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) (Duration) Taos da, (Signed) (Address) (Address
14	12 MAIDEN NAME OF MOTHER Vellie Mason 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
	(Informant) Will File Modern (Address) Stocktow	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
	Registra:	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer Croor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servan, Cook, Housenmid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Nanager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal nieningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory affection valvular heart need not be Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	M	PHYSI- d. Exact
	CORD	EXACTLY, y classifie ficate.
5	AT OT	be stated be proper ck of certi
	A PERMA	CE should that it may lons on ba
1 1 1	THIS IS	upplied. A terms so t
STORING TO LOUR DINGE	DING INKTHIS IS A PERMAINT CORD	carefully supplied. ACE should be stated EXACTLY, PHYSI-TH in plain terms so that it may be properly classified. Exact portagt, See instructions on back of certificate.

Vil

PLACE	OF	DEATH

County Worcester

WITHIN CORPORATE LIMITS OF



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lage or CityPocomoke City (No	(If denth occurred in a hospitat or institu- tion, give its NAME in-
Full Name Thomas Barton Walters	steed of street and number.)

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Wale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	ried Narch 11th., 1921.
		17 I HEREBY CERTIFY, That I attended the deceased from
) P		hrs. The CAUSE OF DEATH * was as follows:min.?Angin& nectonic
ENTS 8	SIRTHPLACE (State or country) 10 NAME OF FATHER Thomas Walters 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Secondary Menin 127 in (Duration) 3 yrs mos do. (Signed) M. D. 2/11/31 192 (Address) POCOMOKE City, Mds *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
14 1	OF MOTHER Gertmide Jones 13 BIRTHPLACE OF MOTHER (State or Country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs described yrs mos described if not at place of death? Former or
15	(Informant) Miss Willie Walters (Address) Pocomoke City, Md. Filed 3/12 1923/ & A Harris	pocomoke City Maryland pocomoke City pocomoke City

V. S. No.

If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

10 to 10 to

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cases, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servou, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Furnica (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is necessingle word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same afrepted term for the same disease. Examples: Cerebrospitalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the delanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart The contributory disease;

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WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING of certificate. TION is very important. See instructions of back

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13755)
1. PLACE OF DEATH	9
County If Oycester	Registration Dist. No. 35
Village or City And While Me	No. St. Ward
4) (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long in U.S. If of foreign birth? wrs mos ds.
2. FULL NAME & UCIELLE STALLS	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SER 4. COLOR OR RACE 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (The Word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HER EBY CERTIFY. Ihat Intended deceased from
and the same of th	3/18 ,19 3/ to 3/19 ,19 3/
6. DATE OF BIRTH (month, day, and year) 2. 11. 1930	I last saw be aliva on 193; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related codeses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	P
SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	Certusos Coffing
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Totel time (years) this occupation (month and year) year) occupation	
12 michael my	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The alist Henry Shotz
	11/9
E mountains ma	none
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
I 15. MAIDEN NAME hellie prisoffil	
	23. If deeth was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Faller / Hurarellvaters)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, DR REMOVAL	
PleceDate	Manner of Injury
1	Nature of injury
19. UNDERTAKER Than S Williams	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Anomy eitend	If so, specify————————————————————————————————————
20. FILED 3/17, 1931 FE Tay Select Registrar.	(Signed) Show Hill M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes		Example II	
Arteriosclerosis APR 4 1931	1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of unset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- secondor d		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

PLACE OF DEATH 03750 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (if death occurred in St.: Ward) a hospital or institution, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX 4 CALOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: ESERVED (a) Trade, profession or Ho particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrsds. (State or Country) O Where was disease contracted, if not at place of death?... Former or Sh usual residence CIANS DATE OF BURIA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bales, Requesting V. S. No. 1.

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MARGIN

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03758

(Year)

IIf LESS tha I day hr

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME II stead of street and

	number.)
	MEDICAL CERTIFICATE OF DEATH
	March 18th, 1931. , 192 March (Month) 18th Day 1931 (Year)
= 1	17 I HEREBY CERTIFY, That I attended the deceased from
	March 18th 1921 to March 18th, 19231
-	that I last saw h spalive on larch 18th , 19231
n	and that death occurred on the date stated above, at 10.00 PM
3.	The CAUSE OF DEATH * was as follows:
5	at 10 P. M. Was 8 wonths pregnant.
	Pneumonia-lôbar
	(Duration) yrs. mos 2 ds.
.	Contributory Evidently- influenza.
	(Duration) yre mos. 7 de.
	(Signed) Keek all M. D.
-	March 1919281 (Address) Poconoke City, Nd.
_	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the of death yrs mos. ds. State yrs ds.
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Halls & Till Conty 3/19, 19.37
	20 UNDERTAKER ANDRESS
*	13 alland men bother

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